Attorney's Docket No.: 09991-014001

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Robert PALIFKA et al.   Art Unit : 2863
Serial No. : 09/749,893   Examiner : M. Nghiem
Filed   : December 29, 2000
Title   : INK JET PRINTING MODULE

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT IN REPLY TO ACTION OF NOVEMBER 9, 2004

Please amend the above-identified application as follows:

Applicant : Robert PALIFKA et al.
Serial No. : 09/749,893
Filed : December 29, 2000
Page : 12 of 13

Attorney's Docket No.: 09991-014001

REMARKS

Prior to this Amendment, the application included claims 29-33, 35-45, 48-52, 54-58, and 60-102. In this communication, we have amended claims 29 and 52, canceled claims 49, 62 and 101, and added previously presented claims 103-106. Accordingly, claims 29-33, 35-45, 48, 50-52, 54-61, 63-100, and 102-106 are presented, with claims 29, 44, 45, 52, 100, 102-104, and 106 being independent claims.

We thank the Examiner for his indication that claims 44, 45, 48, 50, 51, 54, 66-100, and 102 are allowed and that claims 35, 40-42, 49, and 62-64 would be allowed if rewritten in independent form including all the limitations of the base claim and any intervening claim.

The Examiner rejected independent claims 29 and 52 under 35 USC §102 as being anticipated by Moynihan et al. (US 6,755, 511). Applicants have amended claim 29 to include the limitation of claim 49 and have amended claim 52 to include the limitation of claim 62, and request that the rejection of these claims under 35 USC §102 be withdrawn.

Added claims 103-106 were previously presented as claims 35, 40, 41, and 54, respectively, and are written in independent form including the limitations of the base claims and any intervening claims.

Applicants submit that all pending claims are in condition for allowance, which action is requested.
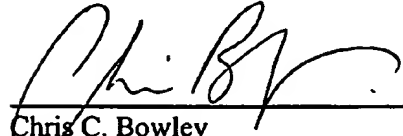
Enclosed is a $600 check for excess claim fees. Please apply any other charges or credits to deposit account 06-1050.

Applicant : Robert PALIFKA et al.
Serial No. : 09/749,893
Filed : December 29, 2000
Page : 13 of 13

Attorney's Docket No.: 09991-014001

Respectfully submitted,

Date: 1/28/2005

Chris C. Bowley
Reg. No. 55,016

Fish & Richardson P.C.
225 Franklin Street
Boston, MA 02110-2804
Telephone: (617) 542-5070
Facsimile: (617) 542-8906

20977809.doc

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2004

Application or Docket Number

09/749893

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	minus 20=	*
INDEPENDENT CLAIMS	minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT		☐

SMALL ENTITY TYPE ☐		OR	OTHER THAN SMALL ENTITY	
RATE	FEE		RATE	FEE
BASIC FEE	395.00	OR	BASIC FEE	790.00
X 25		OR	X 50	
X 100		OR	X 200	
+ 180		OR	+ 360	
TOTAL		OR	TOTAL	

* If the difference in column 1 is less than zero, enter "0" in column 2

2-5-05 CLAIMS AS AMENDED - PART II

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	* 71	Minus	** 69	= 2
Independent	* 10	Minus	*** 7	= 3
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X 25		OR	X 50	100
X 100		OR	X 200	600
+ 180		OR	+ 360	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total		Minus	**	=
Independent		Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X 25		OR	X 50	
X 100		OR	X 200	
+ 180		OR	+ 360	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT C

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X 25		OR	X 50	
X 100		OR	X 200	
+ 180		OR	+ 360	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

FORM PTO-875 (Rev. 1004)

Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE